

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Sequence submission?::	No
Title::	SCREENING FOR LYSOSOMAL STORAGE DISEASE STATUS
Attorney Docket Number::	A20-079
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	27
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	Peter
Middle Name::	
Family Name::	MEIKLE
City of Residence::	Redwood Park
State or Province of Residence::	South Australia

Country of Residence::	AU
Street of mailing address::	31 Minnamurra Dr.
City of mailing address::	Redwood Park
State or Province of mailing address::	South Australia
Country of mailing address::	AU
Postal or Zip Code of mailing address::	5067

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	AU
Status::	Full Capacity
Given Name::	John
Middle Name::	
Family Name::	HOPWOOD
City of Residence::	Stonyfell
State or Province of Residence::	South Australia
Country of Residence::	AU
Street of mailing address::	2 Monarto Ct.
City of mailing address::	Stonyfell
State or Province of mailing address::	South Australia
Country of mailing address::	AU
Postal or Zip Code of mailing address::	5066

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	AU

Status::	Full Capacity
Given Name::	Maria
Middle Name::	
Family Name::	FULLER
City of Residence::	Collinswood
State or Province of Residence::	South Australia
Country of Residence::	AU
Street of mailing address::	4/6 Redmond St.
City of mailing address::	Collinswood
State or Province of mailing address::	South Australia
Country of mailing address::	AU
Postal or Zip Code of mailing address::	5081

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	GB
Status::	Full Capacity
Given Name::	Phillip
Middle Name::	
Family Name::	WHITFIELD
City of Residence::	Liverpool
State or Province of Residence::	
Country of Residence::	GB
Street of mailing address::	c/o Faculty of Veterinary Science, University of Liverpool, Crown St.

City of mailing address:: Liverpool

State or Province of mailing address::

Country of mailing address:: GB

Postal or Zip Code of mailing address:: L69 7ZJ

Applicant Information

Applicant Authority type:: Inventor

Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: SHARP

City of Residence:: Myrtle Bank

State or Province of Residence:: South Australia

Country of Residence:: AU

Street of mailing address:: 18 Palmer Ave.

City of mailing address:: Myrtle Bank

State or Province of mailing address:: South Australia

Country of mailing address:: AU

Postal or Zip Code of mailing address:: 5072

Correspondence Information

Correspondence Customer Number:: 28156

Phone number:: (203) 366-3560

Fax Number:: (203) 335-6899

E-Mail address:: cosud@erols.com

Representative Information

Representative Customer Number::	28156	
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Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
AU	2004901726	03/31/04	Yes

Assignment Information

Assignee name:: CHILDREN, YOUTH AND WOMEN'S HEALTH SERVICE

Street of mailing address:: 72 King William Rd.

City of mailing address:: North Adelaide

State or Province of mailing address:: South Australia

Country of mailing address:: AU

Postal or Zip Code of mailing address:: 5006